PTOFSB/06 (D8-03) Approved for use through 7/31/2006, 06/9 06/3 1-0012

Under the Peperwork R	eduction Act of 1995,	no persone are req	ulred to respon	DECOMPOSITION OF IN	domestion and	ess à direi	THE A WHILE OF	OF COLOREROE
Under the Peperson, Reduction Act of 1993, no persons are required to respond to a collection of information unle PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-675						Application or Doctor Hambar		
CLAIMS AS FILED - PART I								R THAN
(Column 1) (Column 2)			SMALL	EMILA	OR "1	SMAL	LENTITY	
FOR BASIC FEE	HUMBER FILED MANSER EXTRA		RATE	FEE		RATE	GES .	
D7 CFR 1.10(a))	OFR 1.16(a))					OR	•	1.100
D7 CFR 1.16(c)	30 about 20 - 10		O'	Ks.		1	-	ion
NDEPENDENT CLAMS (27 CFR 1.15(b))	s / a minus 3 s : 3		1	┝╌	OR	× 3	100	
	×3	 	OR	×3	200			
MULTIPLE DEPENDENT CO	<u> </u>	<u> </u>	OR	4,	280			
" If the difference in column	TOTAL		OR	TOTAL	450			
CLAIMS AS AMENDED - PART II								
11/27/25								
	Olama 1)	(Column 2)	(Column 3)	SMALL	ÉNTITY	OR .		ENTITY
~ 1 1 00	EMAINING	HIGHEST	PRESENT	RATE	400t		RATE	ADDI
<u> </u>	AFTER ENOMENT	PREVIOUSLY PAID FOR	EXTRA		TIONAL FEE			TIONAL
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CO COR 1.MOR	Minus	- 60	•	X 8 =			XI /	Y
FIRST PRESENTATION	OF MATERIA DESIGNA		7.114			OR	 ` 	
FRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (LIT CFR 1.14(d))				TOTAL		OR	TOTAL	
3/28/06				ADD'L FEE		ÖR	ADOLFEE	
	olumn 1)	(Coturn Z)	(Column 3)					
CO RE	MADING .	HIGHEST MLAMBER	PRESENT	RATE	ADÓI-	<u>ر</u>	RATE	ADD1
돎	AFTER ENDMENT	PREVIOUSLY PAID FOR	EXTRA		TIONAL			TIONAL
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CO COR LINES	L Minus	" b	•55	**		OR		
FRAT PRESENTATION OF ALL THE DESCRIPTION OF A STATE OF THE STATE OF TH								
1	TOTAL		OR	TOTAL	·			
5/2x/06.		· .	_	ADO'L FEE		OR	ADO'L FEE	
	tumn 1)	(Column 2)	(Catumn 3)	<u></u>				
(1) N (RE	LAMS MARKING	HIGHEST MUMBER	PRESENT	RATE	ADD4		RATE	ADOL
E NUC ME	VFTER EXOMENT	PREVIOUSLY PAID FOR	EXTRA	1	TIONAL'			TIONAL
Cardiaries C	Maries	-30	• /	X 5 -	7		**	- FEE
Total Grown Lines Grown Lines Grown Lines Grown Lines	Atimus .	6	• /	XI ·	/	OR.		
<u> </u>		-/	OR	X 5=	/			
FRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (\$7 OFR 1.16(d)) 107AL TOTAL								
• If the natural to anti-	1 h to a 1 d			ADD'L FEE	. (ÓR	ADOL FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" M THIS SPACE is less than 20, order "20".								
** If the "Highest Number Previously Paid For" IN THIS SPACE is less then 3, enter "2". The "Highest Number Previously Paid For" IN THIS SPACE is less then 3, enter "2".								

The Highest Number Proviously Peld For' (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information, is required by 27 CFR 1.16. The information is required to obtain or rettin a benefit by the public which is to like (and by the USPTO to procest) an application. Considerating by 35 U.S.C. 122 and 178 offection is estimated to take 12 minutes to complete, including getthering, preparing, and submitting the completed application form to the USPTO. Time will vary departing upon the terhidust case. Any comments on the amount of time you require to complete this form and/or suggestions for moduling this bursten, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Separtment of Commerce, P.O. Son 1450, Abstractive, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Sen 1450, Alexandria, V.A. 22213-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.